

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101556341

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10	/		/			
11		/		/		
12		/		/		
13	/		/			
14		/	/	/		
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16		/	/	/		
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18		/	/	/		
19		/	/	/		
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36		/	/	/		
37	/		/			
38		/	/	/		
39		/	/	/		
40		/	/	/		
41		/	/	/		
42		/	/	/		
43		/	/	/		
44		/	/	/		
45		/	/	/		
46		/	/	/		
47		/	/	/		
48		/	/	/		
49	/		/			
50		/	/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/	/	/		
53		/	/	/		
54		/	/	/		
55		/	/	/		
56		/	/	/		
57		/	/	/		
58	/		/			
59		/	/	/		
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61		/	/	/		
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63		/	/	/		
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65		/	/	/		
66		/	/	/		
67		/	/	/		
68		/	/	/		
69		/	/	/		
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71		/	/	/		
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73		/	/	/		
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76		/	/	/		
77		/	/	/		
78		/	/	/		
79		/	/	/		
80		/	/	/		
81		/	/	/		
82		/	/	/		
83		/	/	/		
84		/	/	/		
85		/	/	/		
86		/	/	/		
87		/	/	/		
88		/	/	/		
89		/	/	/		
90		/	/	/		
91		/	/	/		
92		/	/	/		
93		/	/	/		
94		/	/	/		
95		/	/	/		
96		/	/	/		
97		/	/	/		
98		/	/	/		
99		/	/	/		
100		/	/	/		
TOTAL IND.	5	↓	6	↓		↓
TOTAL DEP.	64	←	31	←		←
TOTAL CLAIMS	69		37			